Meeting Summary

eHealth Technical Advisory Committee
February 9, 2010 12:00-1:30PM

Please refer to the draft summary from the 2/3/10 in-person meeting as well as the straw man technical architecture document for additional information.

Review and Approval of 2/3 Meeting Summary

The first part of the meeting was spent reviewing the written summary from the 2/3 in-person meeting so that the recommendations found in the summary could be released to guide the TWG in its work. While going over the meeting summary's contents for accuracy, the following points of discussion and/or changes to the document were made.

Section: Business Needs Brainstorming Session

- A sentence was added to clarify that not all ideas listed in the brainstorming session represented the consensus of the group.
- Desired Goals/Features of the HIE Infrastructure
    - A sentence was added to reflect the importance of ease of accessing the clinical data in order to ensure actual use by providers, which may suggest a "push" model. Users should be able to make one inquiry to locate and retrieve all data pertinent to the patient. (A suggestion was made by John Mattison to devote time in a future meeting discussing whether or not central repositories will be necessary for accomplishing this goal. If so, this would be a major undertaking and may not be feasible to tackle in the short term.)
    - A sentence was added about mechanisms/incentives to ensure that exchanged data is used effectively.
- The following comments were made that did not result in a change in the document.
    - In reference to a statement in the document under Specific Needs and Ideas for Services (p. 2), Ann Lindsay asked whether there really needed to be a focus on connecting primary care providers to county hospitals as mentioned in the document, since the remaining county hospitals in the state are few in number. Ron Jimenez replied that the public sector provides care for up to one-fifth of California's population, and that further discussion would be warranted if this point was to be revisited. Jeff Guterman stated that he would gather data on the role of California's public services in providing health care to the population.
    - Commenting on a statement in the document under Strategic Approaches and Advice (p.2), Ann Lindsay stated that in her experience in Humboldt County, it was difficult to get emergency department physicians to participate in HIE. A more practical approach may be to focus on HIE for primary care physicians and the patient-centered medical home.

Section: Additional Core Services

- To provide important context and justification for a patient identification mechanism, a sentence was added pertaining to the business reasons enabled by such a service, including eligibility/benefits lookups, consent management, and other services through the HIE Cooperative Agreement program.

Section: Prioritization of HIE Support for Meaningful Use

- At the in-person meeting on 2/3, the committee considered the value of providing services through the HIE Cooperative Agreement program to support the various meaningful use functions as follows:
    - High Value
        - HIE Service for exchange of electronic lab results
        - HIE Service for electronic checking of insurance eligibility
        - HIE Service for exchange of key clinical information
    - Medium Value
        - HIE Service for the bidirectional EDI exchange of data with immunization registries
    - Low Value
        - HIE Service for transmitting prescriptions electronically
    - Not Determined / Deferred
        - HIE Service for electronic claims submission
        - HIE Service for providing patients with electronic copy of/access to health information
        - HIE Service for electronic submission of syndromic surveillance data
- A clarifying phrase was added to the meaningful use matrix that e-prescribing is already a requirement for EHRs (thereby reducing the relative value of providing an additional service through the HIE Cooperative Agreement Program).
- There was a discussion about the meaningful use criterion of providing patients with an electronic copy of and access to their health information to further elaborate the potential value and relative effort of providing a supporting shared service. The following points were made.
    - Participants agreed that creating a service that translates the patient's health information into his/her native language would be of high value. However, there are significant reliability and legal liability concerns regarding a service that uses dynamic translation technology. Thus, the relative effort of creating a translation service would be very high. These clarifying changes were reflected in the summary.
    - There were differing opinions about the value of creating a service that provides patients with access to their health data. On one hand, certified EHRs will already need to be able to provide patients with a copy of their record. On the other hand, providers may be motivated to offload the administrative burden to a centralized service. Regardless of the value, however, there was consensus among the group that providing

a data access service for patients would require very high effort. These clarifying changes were reflected in the summary.

- There was agreement that TAC felt it appropriate to defer discussion about support for electronic claims submission and electronic submission of syndromic surveillance data.

A motion was made by Rama Khalsa and seconded by Wayne Sass that the approval of the document be put to the group. Consensus was then achieved to approve the meeting summary.

Directives to TWG

Attention then turned to clarifying and refining the directives to the TWG that had come out of the 2/3 meeting. The following types of services were discussed and the guidance to TWG clarified:

- *Patient identification.* With respect to patient identification, the directive to the TWG was further focused into the following statement, which describes the nature of the request:
    - "Consider patient-identification requirements of the CS-HIE Services, and propose technical solutions for these requirements, including general LOE and cost estimates."
- *Administrative transactions.*
    - This may include support for eligibility and benefits inquiry, claims inquiry, and referral authorization. There would also be value in supporting a central service for prescription fill data in batch mode, although this has been identified as a lower priority.
    - For administrative transactions, there is a need to support both web-based transactions (for small practices where a single web site would be greatly preferred over multiple payer websites) and EDI (for large practices/hospitals). One identified need with respect to EDI is the translation of health plans' proprietary formats into a single standard format that can be read by provider groups, e.g. 271 roster.
    - TWG is directed to focus on how the core CS-HIE Services would interact with and/or facilitate these transactions, as opposed to defining the specifications for an all-payer-portal.
- *Clinical referrals.* An additional need raised by Ann Lindsay is for a clinical referral service that improves communication between PCPs and specialists, including scheduling, care coordination, and exchange of referral information.
- Other non-core CS-HIE Services on the list that were not discussed due to time constraints include:
    - *Lab data translation service*
    - *Health information rules engine*
    - *Clearinghouse services for exchanging data with immunization registries in standard format*
    - *NHIN gateway*

Wayne Sass mentioned that it would be important to emphasize that in general, the data offered by services should be made available for incorporation into the provider's EHR where possible, as opposed to requiring the provider to use a separate program (e.g., web browser) to view or update the data.

Sharing of Draft Technical Architecture Document

Walter notified the group that as mentioned at the last meeting, the straw man draft of the technical architecture was shared with the Operations Team, who will be releasing a first draft of the state Operational Plan for inter-workgroup circulation on Thursday, 2/11. Prior to being shared, the draft was updated to include a description of a core service for patient identification ("Health Record Correlation Service"). Additionally, some language had been simplified for ease of understanding. Walter asked participants whether there were any concerns about sharing the draft with the other workgroups at this point. In response, the following issues were raised.

- Lucia Savage was concerned about the other workgroups not being able to appreciate the entire picture since only the core services had been described, without any explanation of other possible value-added services that had been discussed by TAC. Walter explained that the group had not yet come to a clear understanding of what those services are and which ones would actually be included in the architecture. Without this, it is not possible to describe anything in sufficient enough detail for meaningful evaluation by potential readers.
- Terry Hearn brought up a concern that the various documents released to other workgroups did not seem to have been harmonized, and that a key concern of the Finance Committee appeared to be that the core services as described did not provide any value. It would therefore be useful to clearly communicate the added value of the patient identification service, if not the additional high-value services that had been discussed by TAC.
- Jonah stated that the other workgroups would benefit from the sharing of materials from TAC, with the understanding that the documents would continue to evolve with future iterations. Wayne Sass affirmed that updating the other workgroups with the most recent version of the draft would be acceptable.
- Walter stated that he would be presenting the most recent architecture to the Finance Committee on Wed., 2/10 at 11 am during their meeting, so committee members would have an up-to-date understanding of the proposed CS-HIE core services.

Summary of Key Questions/Issues/Decision Points:

- A recognized need by TAC is for shared HIE services to provide easy access to clinical data from different sources, minimizing the need for providers to "hunt" for the information that they seek. This may suggest the additional need for a "push" model. At the same time, the complexities of storing clinical data in repositories will need to be carefully considered by TAC.
- When possible, the data made available by shared services should be provided in such a way that allows for direct import into the provider's EHR.
- There is consensus that a service capable of translating health information (e.g., a patient's health record) into the patient's native language would be of high value, but would also require very high effort to accomplish.

- There is no consensus about the value of a shared health data access service for patients. However, there is consensus that creating such a service would require a high degree of effort.
- TWG will be directed to consider patient-identification requirements of the CS-HIE Services, and propose technical solutions for these requirements, including general LOE and cost estimates.
- TWG will be directed to consider one or more administrative transaction services, with the following guidance:
    - Supported transactions may include eligibility and benefits inquiry, claims inquiry, and referral authorization.
    - A central service for prescription fill data in batch mode is desirable, although of lower priority than support for the transactions mentioned above.
    - Support for web-based transactions (for small practices where a single web site would be greatly preferred over multiple payer websites) and EDI (for large practices/hospitals) are needed. One identified need with respect to EDI is the translation of health plans' proprietary formats into a single standard format that can be read by provider groups, e.g. 271 roster.
    - TWG should focus on how the core CS-HIE Services would interact with and/or facilitate these transactions, as opposed to defining the specifications for an all-payer-portal.

Next Steps:

- The meeting summary from 2/3 and associated directives for additional services will be shared with TWG.
- A first draft of the state Operational Plan, which will include elements from the various CHHS eHealth workgroups, will be released for committee review on Thursday.
- Walter and a co-chair from TWG will present the latest draft technical architecture to the Finance Committee on Wed, 2/10.
- Next meeting is scheduled for 2/16 12:00-1:30PM.

Members Present

Name	Title and Organization
Bill Beighe	CIO, Physicians Medical Group of Santa Cruz
Zan Calhoun	CIO, Healthcare Partners
Rim Cothren	TWG Liaison
Jonah Frolich	Deputy Secretary of Health IT, CHHSA
Jeff Guterman	Medical Director, LA County Dept. of Health Services
Terri Hearn	National Manager for Health Information Technologies, Wellpoint
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Scott Joslyn	CIO, Memorial Care
David Joyner	SVP, Network mgmt, Blue Shield of California
Rama Khalsa	Health Director, County of Santa Cruz
Sainam Khan	
Laura Landry	Executive Director, Long Beach Network for Health
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
Ann Lindsay	Health Officer, Humboldt County
Mason Matthews	County of Los Angeles Chief Executive Office
Greg McGovern	CTO, Adventist Health
Glen Moy	Sr. Program Officer, California Health Care Foundation
Ray Otake	CIO, Community Health Center Network
Ray Parris	CIO, Golden Valley Health Center
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Bill Spooner	CIO, Sharp Healthcare
Tom Williams	Executive Director, Integrated Healthcare Association

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung
Joseph Ray